

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000134880	
1. Entity Name STONE'S CONTRACTING CORP.	



FILED

2007 OCT 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5431 NW15TH STREET #7 MARGATE, FL 33063	Mailing Address 5431 NW15TH STREET #7 MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # 2000 BANKS RD Suite, Apt. #, etc. E1 City & State MARGATE FL Zip 33063 Country USA	3. Mailing Address 2000 BANKS RD Suite, Apt. #, etc. E1 City & State MARGATE FL Zip 33063 Country USA
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09182007 REIN-P CR2E098 (1/07)

4. FEI Number 14-1981350	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STONE, LAUREN J 5431 NW15TH STREET #7 MARGATE, FL 33063	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2000 BANKS RD E1 City MARGATE FL Zip Code 33063	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Lauren Stone</i> Signature, typed or printed name of registered agent and title if applicable	DATE 10/17/07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, LAUREN J 8479 NW 51 PLACE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, JENNA C 2097 SO. OCEAN DR, #202 HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Peter Rickertson 853 NW 47 ST Deerfield FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111364069 10/25/07--01050--014 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Lauren Stone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/17/07 Daytime Phone # 954 979-5800